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CONFIRMATION NO. 8811

Bib Data Sheet

SERIAL NUMBER 09/929,238	FILING DATE 08/13/2001  RULE	CLASS 083	GROUP ART UNIT 3724	ATTORNEY DOCKET NO. SDT 315
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/225,056 08/14/2000  
and claims benefit of 60/225,057 08/14/2000  
and claims benefit of 60/225,058 08/14/2000  
and claims benefit of 60/225,059 08/14/2000  
and claims benefit of 60/225,089 08/14/2000  
and claims benefit of 60/225,094 08/14/2000  
and claims benefit of 60/225,169 08/14/2000  
and claims benefit of 60/225,170 08/14/2000  
and claims benefit of 60/225,200 08/14/2000  
and claims benefit of 60/225,201 08/14/2000  
and claims benefit of 60/225,206 08/14/2000  
and claims benefit of 60/225,210 08/14/2000  
and claims benefit of 60/225,211 08/14/2000  
and claims benefit of 60/225,212 08/14/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/21/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OR	SHEETS DRAWING 6	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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**TITLE**

Miter saw with improved safety system

<p><b>FILING FEE</b></p> <p><b>RECEIVED</b></p> <p>596</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<p><input type="checkbox"/> All Fees</p> <p><input type="checkbox"/> 1.16 Fees ( Filing )</p> <p><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</p> <p><input type="checkbox"/> 1.18 Fees ( Issue )</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Credit</p>
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